

**U.S. Department of Justice**  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <b>RALPH RODRIGUEZ</b>	COURT CASE NUMBER <b>22-cv-02198 (PMH)</b>
DEFENDANT <b>EDWARD BURNETT, ET AL.</b>	TYPE OF PROCESS <b>Summons &amp; Complaint</b>
<b>SERVE</b> { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Charmaine Waylon, Nurse Administrator</b>	
<b>AT</b> { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>Fishkill Correctional Facility, 18 Strack Drive, Beacon, NY 12508-0307</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
Ralph Rodriguez, DIN: 17A0928 Fishkill Correctional Facility P.O. Box 307 Beacon, NY 12508	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney other Originator requesting service on behalf of:  <i>S. Harold</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		6/8/2022

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <u>054</u>	District to Serve No. <u>054</u>	Signature of Authorized USMS Deputy or Clerk	Date <u>6/8/22</u>
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)  <i>Perry Reynolds - TBC</i>	Date <u>6/10/22</u>	Time <u>2:30</u>	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy  <i>[Signature]</i>		

Costs shown on attached USMS Cost Sheet &gt;&gt;

REMARKS

Service Fee = 4 HRS = 260  
 M: Fee = 140m: = 81.90  
 Total = 341.90